

Communicable Disease Report

Hawai'i Department of Health
Communicable Disease Division

November/December 1997

New Infectious Disease Reporting Requirements

On October 10, 1997, amendments to Title 11, Administrative Rules, Chapter 156, Communicable Diseases was signed by Governor Cayetano. The amendments to the rules include updating requirements for reporting of specific diseases by health care providers and laboratories, clarifying isolation and control measures and improving the readability of the notifiable disease list.

The administrative rules have been divided into two parts. The first part includes the rules while the second part includes three exhibits. Exhibit A lists the notifiable diseases by health care providers, Exhibit B lists the agents and conditions reportable by laboratories, and Exhibit C provides intervention recommendations for cases, suspected cases and contacts.

Additions

After careful review, six pathogens were added to the list of notifiable diseases reportable by health care providers to the Hawai'i Department of Health (DOH). These diseases, which are increasing in incidence or public health importance, are as follows:

- Cryptosporidiosis
- *Enterococcus*, vancomycin resistant
- *Escherichia coli* 0157:H7
- Hantavirus disease
- Hemolytic Uremic Syndrome
- Hepatitis C

Deletions

Seventeen diseases or conditions have been removed from the list of notifiable diseases by health care providers:

1. Chancroid
2. Coccidioidomycosis
3. Conjunctivitis
4. *Granuloma inguinale*
5. Herpes
6. Kawasaki Disease
7. Lyme Disease
8. Meningitis, other bacterial
9. Meningitis, aseptic
10. Non-gonococcal urethritis
11. Q Fever
12. Relapsing Fever
13. Reye Syndrome
14. Rocky Mountain Spotted Fever
15. Toxic Shock Syndrome
16. Tularemia
17. Venereal Diseases, other

Laboratory Additions

The following agents and conditions have been added to the list of notifiable diseases by laboratories:

- CD4 T-lymphocyte count <200/ μ l or CD4 T-lymphocyte percentage <14%
- *Chlamydia trachomatis*
- *Cryptosporidium* spp.
- *Enterococcus*, vancomycin resistant
- *Escherichia coli* 0157:H7
- Hantavirus
- Liver function tests performed for acute hepatitis B or C
- *Streptococcus pyogenes*

Laboratory Deletions

The following agents have been removed from the notifiable disease list for laboratories:

- *Borrelia* spp. (Relapsing Fever)
- *Coccidioides immitis*
- *Coxiella burnetii* (Q Fever)
- *Francisella tularensis*
- *Granuloma inguinale*
- *Haemophilus ducreyi* (chancroid)

Disease reporting to the DOH requires some effort. We depend on the cooperation of physicians, health care facilities and laboratories to make our reporting system work. With a comprehensive reporting system, we can more effectively control and prevent diseases in our population.

Copies of the revised Administrative Rules, Chapter 156, will be mailed to health care providers and clinical laboratories in the near future.

For more information about disease reporting, please call the Epidemiology Branch at (808) 586-4586 on O'ahu; (808) 933-0912 on Hawai'i; (808) 984-8213 on Maui; and (808) 241-3563 on Kaua'i.

Submitted by Mitsuto Sugi, M.P.H.,
Epidemiological Specialist, Investigation Section, Epidemiology Branch.

Campylobacteriosis Case Control Study

Over the past five years, the State of Hawai'i has seen an increase in gastroenteritis caused by *Campylobacter* species, primarily *C. jejuni*.¹ Reasons for this increase are unknown. While mainland U.S. and European studies have implicated the consumption of raw milk, inadequately treated water,² poultry and contact with dogs and cats^{3,4} as risk factors for *Campylobacter* infection, a local study of risk factors has not yet been conducted.

To address this important public health issue, the Epidemiology Branch of the Department of Health, in conjunction with the Centers for Disease Control, has begun a study to identify risk factors for *Campylobacter* infection on O'ahu. The study will be implemented in two phases. The first phase will involve interviewing

cases, generating hypotheses and developing a comprehensive risk assessment questionnaire. The second phase will be a case-control study to examine potential risk factors identified in the initial case interviews.

Clinical laboratories are requested to immediately report any species of *Campylobacter* isolated from O'ahu patients between December 8, 1997 and March 31, 1997.

Results of the study will be published in this newsletter.

REFERENCES:

¹ Chan, Darwin, Campylobacteriosis: A Six-Year Review. *Communicable Disease Report*, Hawai'i Department of

Health, 1997; July-August 1997, 1,6.

² Tauxe, Robert, Epidemiology of *Campylobacter jejuni* Infections in the United States and Other Industrialized Nations. in *Campylobacter jejuni: Current Status and Future Trends* 1992, Chapter 2:9-19.

³ Deming, Michael S. et. al, *Campylobacter* enteritis at a University: Transmission from eating Chicken and from Cats. *Am J Epidemiol* 1987; 126(3):526-534.

⁴ Kapperud, Georg et. al, Risk Factors for Sporadic *Campylobacter* Infections: Results of a Case-Control Study in Southeastern Norway. *J Clin Microbiol* 1992;30:3117-3121.

Submitted by Erick Cremer, M.P.H., Epidemiological Specialist, Epidemiology Branch.

Tuberculosis Administrative Rules Revisions

The Department of Health's (DOH) Title 11, Administrative Rules, Chapter 164, regarding Tuberculosis (TB) have been revised. These changes will reduce unproductive screening procedures, and allow the DOH to concentrate its efforts on screening known high-risk groups, such as recent immigrants. The revisions were approved on October 23, 1997. However, due to an expected period of transition, the rules will be strictly enforced as of January 1, 1998.

The basic structure of the administrative rules regarding TB in the state remain unchanged. However, there are a few significant and important changes which are enumerated and explained below:

11-164-6 School personnel, students.

1) • **Old.** As before, all school personnel and students will be required to obtain an official tuberculosis clearance certificate issued within twelve months prior to employment and/or school entry.

• **New.** Department of Education (DOE) employees will no longer be required to renew their clearances every two years.

2) • **Old.** Any person over compulsory school attendance age enrolling in a post-secondary school in Hawai'i for a course of study longer than six months, shall

be required to obtain a TB clearance certificate.

• **New.** When a student subsequently re-enrolls or enrolls in another post-secondary school in Hawai'i, a copy of the original certificate shall meet this requirement for certification.


11-164-2 Definitions.

• **Old.** Only the DOH could issue valid TB clearance certificates.

• **New.** A licensed practitioner (i.e. a physician who is licensed under the provisions of chapters 453 or 460, Hawai'i Revised Statutes (HRS), or an advanced practice registered nurse recognized under the provisions of chapter 457 HRS, including those persons authorized to practice medicine as a physician, and nursing as an advanced practice registered nurse in federal facilities located in the State) will also be able to provide clearances for DOE employees and students. A "valid certificate," if issued by a practitioner, must be a signed statement on a form approved by (but not issued by) the DOH stating that the practi-

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Information & Disease Reporting	586-4586
After-hours Emergency Reporting	247-2191
After-hours Neighbor Island Emergency Reporting	800-479-8092



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Doc, We're Not Just Being Nosy!

Sometimes when Department of Health (DOH) staff call clinicians about their patients, clinic staff are reluctant to release information, citing patient confidentiality. The DOH is very concerned about patient confidentiality and is, in fact, mandated to protect it. Please realize and inform your staff that patient confidentiality is not breached when information is given to DOH representatives. Please do, however, make sure that the caller is from the DOH. When we call, it is because we need to determine if a public health intervention is needed to prevent further transmission of a communicable disease.

Both clinicians and laboratories are required by State law to report specified

communicable diseases. Sometimes, for various reasons, laboratory reports come to our attention before you have seen them. And although we try to check with you before interviewing your patient, sometimes we need to jump right on it (Hepatitis A or *Salmonella* in a food handler, for instance). If the clinician suspects a communicable disease, it is very helpful to us if the patient is told that the DOH staff may be calling and asking a few questions. That way, they are less surprised, and may be more cooperative in providing information that could prevent further illness in the family or community. The same is true of your staff. If they know which diseases require reporting, then less time is wasted (theirs and ours) obtaining important information.

The DOH Hawai'i Administrative Rules for communicable disease reporting have been revised. Physicians will soon receive individual copies of the rules. We hope you will join with us in trying to streamline and improve reporting so we can be more effective in reducing communicable diseases and its spread!

REFERENCE:

Oregon Department of Human Resources, About Those Nosy Health Department Folks. *CD Summary* 1997;46(13):2.

Submitted by Jo Manea, BSN, Epidemiological Specialist, Kaua'i District Health Office.

Immunization Administrative Rules Revisions

The amendments to the Hawai'i Administrative Rules (HAR), Title 11, Chapter 157 "Examination and Immunization" were signed by Governor Cayetano on October 10, 1997. The rules have been modified by the addition of four "Exhibits" to present the State immunization requirements in a user-friendly format. These exhibits are guidelines for preschool through post-secondary school entry requirements.

The major changes to the Administrative Rules include:

- Establishment of immunization requirements for children 19 months of age,
- Requirement for three doses of hepatitis B vaccine at preschool entry for children over 18 months of age,
- Requirement for three doses of hepatitis B vaccine at K-12 school entry for all students born after December 31, 1992,
- Requirement for two doses of measles vaccine for post-secondary school entry, and
- Updated tuberculosis clearance recording requirements. The record of

TB clearance must now include:

- 1) the dates of administration and reading of the PPD,
 - 2) the diameter of the reaction in millimeters,
 - 3) the signature of the physician or advanced practice registered nurse,
- OR
- the date, location and name of the reader of the chest x-ray.

In addition to these major changes, much of the information in the previous HAR, Chapter 11-157 has been clarified. A few of these clarifications are highlighted below:

1. Minimum Intervals:

Tables of acceptable minimum intervals between vaccine doses are included in the Exhibits. These minimum intervals, based on recommendations from the Advisory Committee on Immunization Practices (ACIP) and the American Academy of Pediatrics (AAP), are the shortest intervals between vaccine doses that will be acceptable as meeting the State health requirements for school entry. Students whose immunization series do not meet these minimum intervals

must be reimmunized in order to continue school attendance.

2. Medical exemptions:

Medical exemptions must be on the letterhead of a licensed physician certifying that the administration of the particular immunization would endanger the child.

3. Provisional entrance to school:

Prior to being allowed provisional entrance to school, any student not meeting the health requirements for school entry must provide written proof (i.e. an appointment card) from a physician stating that the child is in the process of completing the required Immunizations or physical examination.

A copy of the HAR, Chapter 11-157 will be sent to all immunization providers and schools. For further information, please call the Hawai'i Immunization Program at (808) 586-8300.

Submitted by Marcia Nagao, M.D., M.P.H., Infant Immunization Project Coordinator, Hawai'i Immunization Program, Epidemiology Branch.

Sexually-Transmitted Diseases: Notifiable Disease Reporting Changes

The following changes pertaining to reporting of Sexually Transmitted Diseases (STD's) were incorporated into the new Title 11, Administrative Rules, Chapter 156, Communicable Diseases.

Additions

- A CD4 T-lymphocyte count <200/uL or CD4 T-lymphocyte percentage <14% was added to the Laboratory Reporting Section.
- "Chlamydia trachomatis, genital" was added to the Laboratory Reporting Section (now found in both Provider and Laboratory Sections).

Deletions

- Herpes (neonatal) was deleted from the Provider Section.
- Nongonococcal urethritis (NGU) was deleted from the Provider Section.
- Venereal disease (other sexually transmitted diseases) was deleted from the Provider Section.
- Chancroid (Haemophilus ducreyi) was deleted from the Laboratory Section.
- Granuloma inguinale was deleted from the Laboratory Section.
- Human immunodeficiency virus

(HIV) was deleted from the Laboratory Section.

Unchanged

The following conditions remain unchanged in the revised Administrative Rules.

- "Acquired Immunodeficiency Syndrome" in the Provider Section.
- "Chlamydia (*Chlamydia trachomatis*)" in the Provider Section.
- "Gonococcal disease" in the Provider Section and "*Neisseria gonorrhea*" in the Laboratory Section.
- "Pelvic inflammatory disease (PID)" in the Provider Section.
- "Syphilis (*Treponema pallidum*)" in both Provider and Laboratory Sections.

For more information on AIDS and CD4 reporting, please call the Branch office at (808) 733-0910 in Honolulu. For more information on all other STD's, please call the STD Clinic at (808) 733-9281 in Honolulu.

Submitted by Terry A. Carlson, M.S., Epidemiological Specialist, STD Clinic, STD/AIDS Prevention Branch.

Help Wanted

The State of Hawai'i, Department of Health, Communicable Disease Division is seeking people to fill two leadership positions.

1. Public Health Programs Administrator (Division Chief).

This position is for a physician with one year of graduate work in public health, and three years of experience of which two years shall have been in a public health program. It is a permanent full-time civil service position and is located in Honolulu. Relevant substitutions are allowed.

2. Tuberculosis Control Program Manager.

This position is for a physician with three years of experience or specialized training in the diagnosis and treatment of tuberculosis, of which one year shall have been in the field of public health. It is a permanent full-time civil service position and is located in Honolulu.

Interested persons should contact the Communicable Disease Division, Hawai'i Department of Health, P. O. Box 3378, Honolulu, Hawai'i 96801 (Phone: [808] 586-4580).

Tuberculosis Rules

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tioner has examined an individual on a particular date and found the person to be free of communicable tuberculosis. The examination for tuberculosis shall include a tuberculin test, and if the test shows a positive reaction (i.e. 10 or more millimeters of induration), a chest x-ray. A negative tuberculin test or a chest x-ray shall be accepted as evidence of freedom from tuberculosis. The valid certificate issued by the practitioner must include the dates of administration and reading of the tuberculin test, the diameter of the induration in millimeters, and the date, location and name of the reader of the chest x-ray.

The name of the school and date of enrollment should also be included.

Any chest x-ray read as anything other than negative, will not be accepted as clearance, and the individual will be required to be evaluated at the DOH TB Branch located at the Lanakila Health Center. Such readings as "negative chest", "essentially negative chest", "normal chest", "essentially normal chest", and "no disease found" are acceptable. Any abnormality found, even if apparently unrelated to TB, should not be immediately accepted for clearance, until after having been reviewed by the physicians at the Lanakila Health Center. Any chest x-ray read as "stable chest", "inactive tuberculosis", "no active disease", will not

be accepted as clearance, until reviewed by the TB branch. The reason for this restriction is that one can not ascertain the activity of TB by a chest x-ray alone. Also individuals with inactive TB are candidates for chemoprophylaxis and should be evaluated by the TB program.

A sample clearance form showing the essential items of information is available from the TB branch.

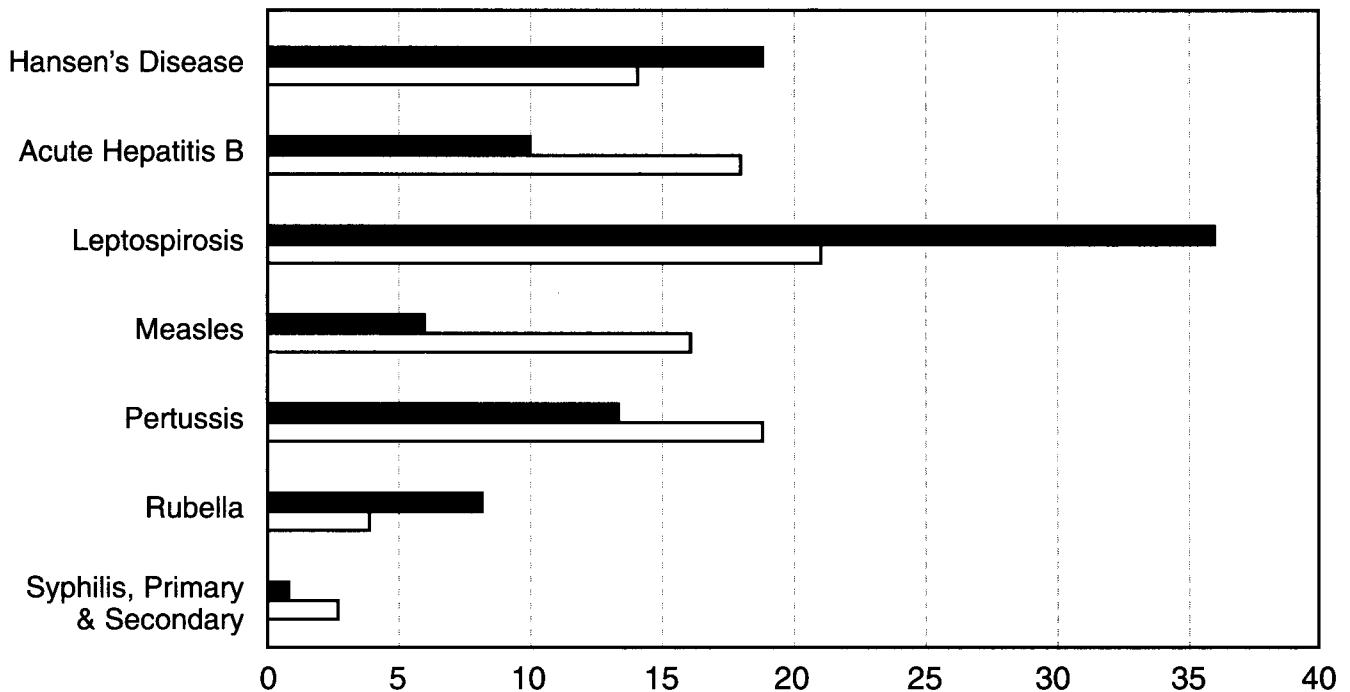
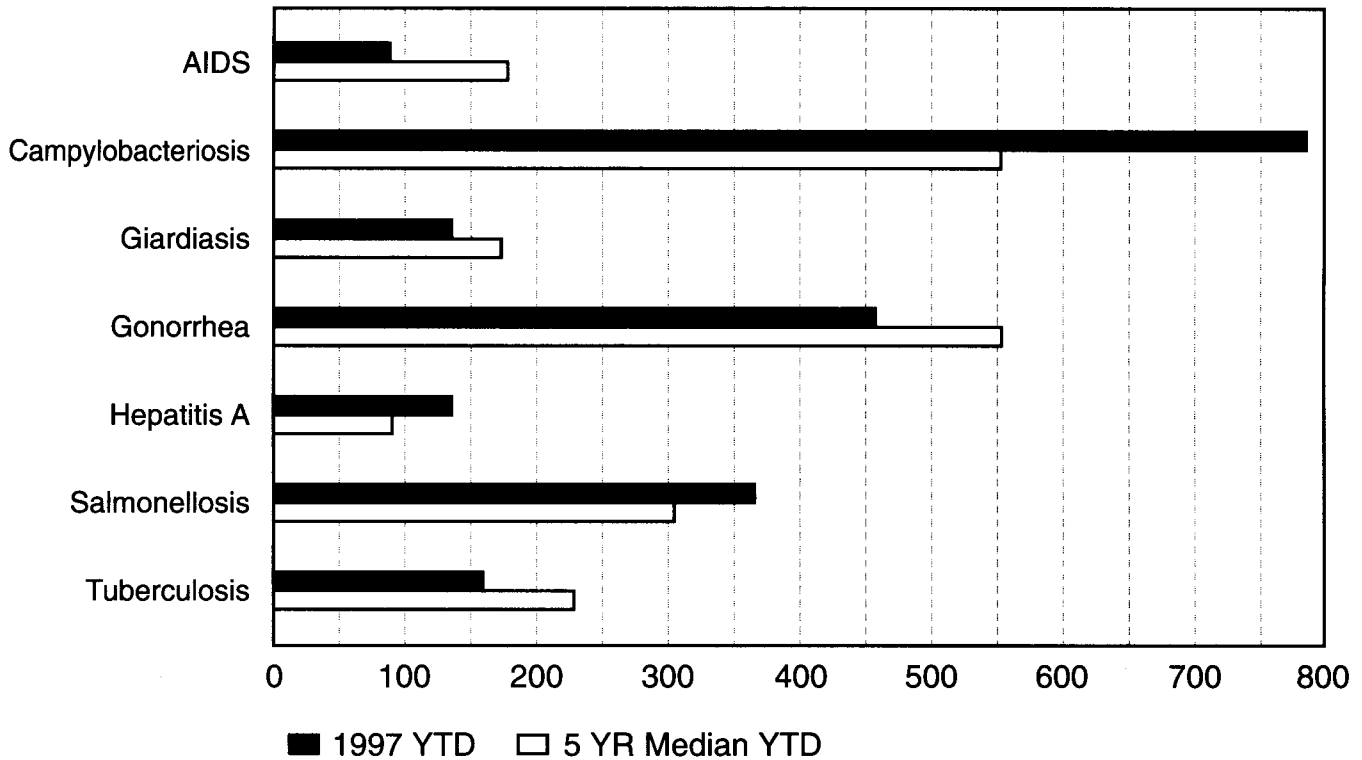
For more information, please call the TB branch at 832-5731.

Submitted by James Gollop, M.D., M.P.H., Acting Chief, Tuberculosis Branch.

Communicable Disease Surveillance

Selected Diseases by Date of Report*

Hawai'i, 1997 Year-to-date Through November



*These data do not agree with tables using date of onset or date of diagnosis.